LOBBYIST REGISTRATION

Rev. 10/2007

__Re-registration __New registration __Amendment

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SC State Ethics Commission, 5000 Thurmond Mall, Su Calendar Year:	ite 250, Columbia, SC 29201 • (Office) 803/253-4192 • (Fax) 803/253-7539
1. Name of Lobbyist: (Mr.) (Mrs.) (Ms.)	
2. Business mailing address:	
3. Phone: ()	
4. Occupation or Business:	
5. Full name of Employing Entity (association, c	ompany, etc.):
6. Employer Entity Contact to whom lobbyist rep	oorts: (Mr.) (Mrs.) (Ms.):
7. Business mailing address:	
8. Phone: ()	
9. Office(s) or Public Body(s) for which you have	e been authorized by the lobbyist's principal to lobby:
the State Ethics Commission. Further, S. C. law requ from the lobbyist's principal reflecting the authority to	ion must be accompanied by a check for \$100.00 payable to ires that this registration be accompanied by a communication represent the principal during the calendar year. Completion payment of the additional fee of \$100.00 will satisfy this
CERTIFICATION: I CERTIFY THAT THE CONTENT COMPLETE TO THE BEST OF MY KNOWLEDGE A	S OF THIS STATEMENT ARE TRUE, CORRECT, AND ND BELIEF.
Original Signature of Lobbyist	OFFICE USE ONLY
Printed Name	Receipt Number:CompleteIncompleteEntered
Date	

LOBBYIST REGISTRATION INSTRUCTIONS

WHO	Any person who acts as a Lobbyist. If a partnership, committee, association, corporation, labor organization, or any other organization registers as a Lobbyist's Principal, then each person authorized to act as a lobbyist on behalf of the organization must be identified and registered.		
WHEN	(1) Within fifteen days after being employed, appointed, or retained as a lobbyist.		
	(2) Re-register annually prior to January fifth (5 th). No person will be allowed to register or reregister who has not complied with required reporting provisions.		
WHAT	A Lobbyist Registration Form, a fee of one hundred dollars (\$100.00), and a communication from the person employing, appointing, or retaining the lobbyist reflecting the authority of the registrant to represent that employer. The Lobbyist's Principal Registration Form and a fee of \$100.00 is sufficient to satisfy this requirement.		
WHERE	The Lobbyist shall file appropriate forms with the State Ethics Commission at 5000 Thurmond Mall, Suite 250, Columbia, SC 29201. Faxed copies will not be accepted. The original must be received no later than 5:00 p.m. on the date of the established deadline.		
HOW	The Lobbyist completes a Lobbyist Registration Form. (See also the Lobbyist Disclosure Statement.)		

<u>UPDATED INFORMATION</u>
Any change in information contained in the registration statement must be filed within fifteen (15) days after the date of the change.

RECORD KEEPING REQUIREMENTS	Records supporting the lobbying reports must be maintained for a period of four years from the date of the report to which they apply. These records shall be available to the State Ethics Commission for review.
TERMINATION OF AUTHORIZATION	Any lobbyist who ceases to engage in lobbying shall immediately file a written statement with the State Ethics Commission acknowledging the termination of lobbying, except that the provisions of Sections 2-17-80(A)(5), 2-17-80(B)(5), 2-17-80(C) and 2-17-110(F) continue in force for the remainder of the calendar year. The lobbyist shall file any reports required for any period during which he/she was registered to lobby.
ITEM 9	Identify either specific or broad areas of legislation, agency, or gubernatorial actions to which lobbying relates.
ITEM 10	Identify specific office(s) or public body(s) for which your retention as a lobbyist is authorized. Failure to identify the public office(s) or body(s) for which a lobbyist(s) is authorized to lobby deems the lobbyist's principal to have authorized a lobbyist for all public offices and public bodies of the State.

South Carolina State Ethics Commission

5000 Thurmond Mall, Suite 250 Columbia, SC 29201 (803) 253-4192

TO BE COMPLETED ONLY IF YOU HAVE NEVER REGISTERED AS A LOBBYIST FOR THE STATE OF SOUTH CAROLINA. Return with your Lobbyist Registration Form to the South Carolina State Ethics Commission, 5000 Thurmond Mall, Suite 250, Columbia, SC 29201

If you are re-registering, DETACH THIS SHEET AND DISCARD

Mr. () Mrs. ()	Ms. ()			
Name of Lobbyi	st: Last Name	First Name	Middle Initial	
Street Address				
City		State	Zip	
The following in	formation is required for administrative pur	poses, only for positive identification	ation of the filer, and will not be released to the p	ublic.
Social Security	Number			
- 1	-			
Telephone Num	ber			
-	-			
NOTE:	PLEASE COMPLETE THIS ENT	TIRE REPORT IN BLU	E or BLACK INK, OR TYP	2 E.

DO NOT USE PENCIL